



Manchester Health Department  
1528 Elm Street  
Manchester, NH 03101  
Tel: (603) 624-6466 Fax: (603) 628-6004

### SWIMMING POOL, BATHING PLACE OR SPA PERMIT APPLICATION

Facility Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ ZIP: \_\_\_\_\_

Management mailing / billing address if different from above:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Manager

Name: \_\_\_\_\_ Home

Tel #: \_\_\_\_\_

Manager's home

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Classification: (Please check the appropriate boxes)

(A) ☐ Outdoor Pool ..... \$ 125.00

(B) ☐ Indoor Pool ..... \$ 175.00

(C) ☐ Hot Tub / Spa up to 2 units ..... \$ 125.00 each

☐ Each additional hot tub/spa unit ..... \$ 100.00

Number of additional units: \_\_\_\_\_

(D) ☐ Natural Bathing Place ..... \$ 125.00

☐ Late fee (applications received after June 10, 2002) ..... \$ 25.00

**TOTAL PERMIT FEES:** ..... \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**LICENSE WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETELY FILLED OUT.**